

**UNCLASS // FOR OFFICIAL USE ONLY**

**MARINE CORPS FINANCIAL ASSISTANCE PROGRAM CHECKLIST**

District:	
OSO Name:	
Applicant Name:	
Last 4 SSN:	

Purpose: To ensure appropriate documents meet requirements and regulations to administer the Financial Assistance Program.

- ☐ Endorsement Letter: Provided by the Officer Selection Officer. Ensures that all documents have been reviewed prior to submission of the request.
- ☐ Verify Direct Deposit: Validate the applicant's direct deposit information. Include a copy of the verification (i.e. Direct Deposit Form, D937 screen, MyPay) with the submission.
- ☐ Cumulative and Term GPA: Candidate must meet minimum Cumulative and Term GPA requirements of 2.00 per MCRCO 7220.1.
- ☐ Signed Financial Assistance Program Agreement: Candidate understands that upon the acceptance of financial assistance, they will incur an additional 6 months of active duty obligation. Should a candidate who received any financial assistance voluntarily disenroll from the program, or be dropped through failure to maintain program eligibility prior to commissioning, such candidate is required to reimburse the U.S. Government for all monies received.
- ☐ Proof of Previous Semester: Official Transcripts providing the candidate's Cumulative and Term GPA is a 2.00 or higher.
- ☐ Proof of Semester in Progress/Proof of Full Time Enrollment: Candidate must be a full-time undergraduate student enrolled in a regionally or nationally accredited college or university where they are pursuing a baccalaureate degree. An Academic Certification Form from the college or university will define what is considered full time.

\_\_\_\_\_  
OSO Name (Print)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

FINANCIAL ASSISTANCE AGREEMENT  
PLATOON LEADERS CLASS (Rev. 4-2016)

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1. In connection with my current status as a candidate of the Platoon Leaders Class Program of the U.S. Marine Corps Reserve, and in conjunction with my current service agreement or any service agreement subsequently entered, I hereby acknowledge:

a. That this constitutes my request to be considered competitively for receipt of financial assistance in the form of a semi-annual subsistence allowance payment from the Marine Corps, as authorized by Title 10, United States Code, section 2107.

b. That such financial assistance, if or when approved by the CG, MCRC, will commence at a time designated by the Marine Corps and may be paid for a maximum of two (2) payments per academic year (total \$3,150.00) for a maximum of three (3) years while I am in a college undergraduate status seeking a baccalaureate degree.

c. That approval of my request to receive financial assistance and my continuance therein will be subject to the following provisions:

(1) My continued satisfactory performance and progress in the Platoon Leaders Class in which I am now enrolled and in strict accordance with the provisions thereof.

(2) Renewal of financial assistance to be annually subject to review and approval by the CG MCRC.

d. That in consideration of, and by reason of accepting financial assistance, I incur the following assignment to active duty obligation to which I consent:

(1) If commissioned, that my first assignment to active duty will be to The Basic School.

(2) If commissioned, to serve on extended active duty for the minimum period stated in the service agreement in effect at the time of my commissioning plus six (6) months regardless of the amount of money accepted or the number of academic years taken.

e. That the obligation described in paragraph 1.d. above, is in addition to any other obligation that may be incurred while on active duty and will not serve to decrease any other legal obligation.

2. Right to Disenroll from the Platoon Leaders Class Program. I understand that if I have received monies through the Financial Assistance Program and subsequently disenroll from the Platoon Leaders Class Program, I in no way incur active duty obligation with the United States Marine Corps.

3. Reimbursement to the Government

a. I understand and agree that if I am disenrolled from the Platoon Leaders Class Program prior to commissioning, I will be required to reimburse the Government for all subsistence allowance that I received through the

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LAST NAME

FIRST NAME

FULL SSN

program accruing prior to the effective date of my disenrollment. I will not, however, be required to reimburse the Government where disenrollment is due to:

(1) A determination by the MCRC (OA) that I am "not physically qualified" where such physical status is not the result of an act or condition voluntarily induced or inflicted upon myself; or

(2) Any other action initiated by the Marine Corps and which is not based upon misconduct, inaptitude or defective attitudes (i.e. belligerent, combative, etc.) on my part.

b. I understand and agree that if I fail to complete my active duty obligation under this contract, as a result of action not initiated by the Government, I shall reimburse the Government for all subsistence allowance which I receive from the Government through this program.

c. I understand that this requirement for reimbursement, set forth above, may be waived by MCRC (OA), when it is determined that such waiver is in the best interest of the Government.

4. Enlistment in the United States Marine Corps

a. I understand that if I am disenrolled from the Platoon Leaders Class Program and meet all requirements for enlistment, I may voluntarily enlist in the United States Marine corps and serve on active duty for a period of two (2) or more years.

b. I understand that if I voluntarily enlist in the Marine Corps, the requirement to repay all monies received under the Financial Assistance Program will be voided.

c. I understand that if I fail to complete this two year enlistment through my own negligence, I will be required to reimburse the government a prorated portion of money received through the FAP.

5. I have read and completely understand the meaning and content of the above. No promises, either written or oral, have been made to me in connection with my application for financial assistance except as specified above. I acknowledge receipt of a copy of this document.

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Signature of Candidate

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Signature of Witnessing Officer

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Typed/Printed Name of Candidate

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Typed/Printed Name, Grade of Witness

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LAST NAME

FIRST NAME

FULL SSN

